ARIZONA STATE BOARD OF HEALTH BUREAU OF VITAL STATISTICS 1. PLACE OF BIRTH STANDARD CERTIFICATE OF BIRTH County. District or Township. (M birth occurred in a hospital or institution, give its NAME instead of street and number) ETURN must be made for each, and 2. Full name of If child is not yet named, make supplemental report, as directed. 3. Sex of Child To be answered ONLY 4. Twin, triplet or other. 6. Legitimate? in event of plural birtha. 5. No., in order of birth. Month 8. ATHER 14. MOTHER Full name Full maiden name 9. Residence 15 Residence (Usual place of abode) (Usual place of abode) If non-resident, give place and state, If non-resident, give place and state 10. Color or race SEPARATE RI order of birth 16 Celor or race 11. Age at last birthday (Years) 17. Age at fast birthda 12. Birthplace (city or place) 18. Birthplace (city or place) (State or country) (State or country) 13. Occupation 19. Occupation Nature of Industry Nature of Industry 20. Number of children of this mother. (a) Born alive and now living Were precautions taken against oph-thalmin peopatorum? (Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead (c) Stillborn. CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE I hereby certify that I attended the birth of this child, who was (Born alive or stillborn.) \*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn Signature child is one that neither breathes nor shows other evidence of life after birth. Given name added from a supplemental report. Address Month, day,

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